

CONFIDENTIAL CASE HISTORY (ORTHOTICS)



Your answers will help us determine if our care can help you. If you need help with this form, please do not hesitate to ask us.

PERSONAL INFORMATION

DATE:

Name: _____ Gender: M / F
Email: _____ Date of Birth: day ____ mm ____ yr ____
Address: _____ Town: _____
Postal Code: _____ Phone: Home- _____ Work- _____
Cell - _____ Occupation: _____
Employer: _____ Hobbies: _____
Extended Health Benefits? YES/NO If Yes: Provider: _____
Plan # _____ ID# _____
Spouse/ Partner's Name: _____ Contact #: _____
Family Physician's Name & Address: _____
Who referred you to our office? _____
Your: Height: _____ Weight: _____ lbs. Shoe size _____

REASON FOR CONSULTING OUR OFFICE

- I have a specific concern and want to determine if Orthotics will help.
- I currently have Orthotics and I am seeking re-evaluation and additional pair(s).
- I feel well and want to see if Orthotics can help prevent any future issues.

What is your main complaint? _____

How long have you had this? _____ Have you had this previously? YES / NO

What activities aggravate your condition? _____

What makes it feel better? _____

Is your condition getting worse? YES / NO Constant / Comes and goes / Getting better

If you have pain how would you describe it? (Circle) Sharp / Dull / Heavy / Throbbing / Numb

Grade your pain intensity: No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

Are you taking any prescribed or over the counter medication? YES / NO List: _____

Have you consulted a medical doctor for this or any related problem? NO / YES If Yes list Doctor's name and Diagnosis: _____

Orthotic Informed Consent

Your chiropractor has prescribed medical devices for you called custom foot orthotics. Orthotics can be an integral part of patient care by health care providers for the management of pedal pathologies and musculoskeletal symptomatology, and to alleviate pain and discomfort from abnormal foot function. Abnormal foot function may affect a patient's kinetic chain, including legs, knees, hips and spine. Orthotics are designed based upon the degree of patient abnormal foot function, patient activity level, patient physical stature and the type of footwear in which the orthotics are worn. Custom orthotics are foot inserts placed inside footwear.

What is the Process?

Your chiropractor will assess your foot function in order to determine if you require foot orthotics and if you do, what type of orthotic will benefit you most.

The next step is capturing your foot image and sending that image to a custom foot orthotic laboratory that will make a device specific to your foot. This process usually takes about **2-3 weeks**.

When the orthotics arrive back at this location, your chiropractor will ensure the devices fit and function properly and your chiropractor will explain the "break in" instructions.

What should I expect when wearing the orthotics?

Many patients experience pain reduction and increased comfort when wearing custom foot orthotics. A small percentage of patients experience discomfort and/or pain when breaking in their orthotics and an even smaller percentage of patients experience significant enough pain that they cannot wear their orthotics at all.

Consent

I have read the information above and hereby request and consent to the performance of the assessment of my foot function and the prescription of custom foot orthotics by Dr. Richard Radford.

I have had an opportunity to discuss with Dr. Richard Radford the nature, purpose, benefits and risks of custom foot orthotics.

I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment with custom orthotics, including, but not limited to, foot pain, leg pain, back or neck pain. I do not expect Dr. Richard Radford to be able to anticipate and explain all risks and complications, and wish to rely on Dr. Radford to exercise judgment during the course of the procedures which Dr. Richard Radford feels at the time, based on the facts then known, are in my best interests.

I have read or have had read to me the above consent. I have had the opportunity to ask questions about its content and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present and for future condition(s) for which I seek foot orthotic treatment.

TO BE COMPLETED BY PATIENT

Dated this _____ day of _____, 20_____.

Patient Signature(Legal Guardian)

Name: _____
(Please print)

Witness of Signature

Name: _____
(Please print)